

# SES APPLICATION

## Part B

### PROVIDER SERVICE SUMMARY

(This information will be available to parents and local school districts)

#### PROVIDER INFORMATION

NAME OF PROVIDER:

Saline County Learning Center, Inc

MAILING ADDRESS:

P.O. Box 668

CITY:

Marshall

STATE:

MO

ZIP CODE:

65340

PHONE NUMBER:

660-631-7323

FAX NUMBER:

E-MAIL ADDRESS:

austin.k@sbcglobal.net

#### PRIMARY CONTACT INFORMATION

NAME:

Julie Hayden

PHONE NUMBER:

660-631-7323

E-MAIL ADDRESS

#### SERVICES

Provider status:

- ☐ For-profit organization  
☒ Non-profit organization  
☐ Faith-based organization

- ☐ School district  
☐ School building  
☐ Individual  
☐ Other: \_\_\_\_\_

Areas to be served by provider:

- ☐ All school districts in Missouri  
☒ Specific districts or counties. Please list: Saline

Number of sessions per week: minimum two sessions per week

Minimum/maximum numbers:

Minimum number of students required before offering services: 1 at Center; 5 school site

Maximum number of students to be served at a session: 10

Cost per session:

Proposed location of service delivery:

- ☒ Student's school site  
☒ Provider site  
☐ Other: \_\_\_\_\_

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee?  
 (Note: Districts are not required to provide or pay for transportation).

No

Certification of instructors:

- ☒ Baccalaureate degree in education  
☐ Baccalaureate degree in related field of instruction. Please list related field(s): \_\_\_\_\_  
☐ Reading Specialist  
☐ Other: \_\_\_\_\_

Additional education and/or experience:

- ☐ Masters level degrees or above in either reading or mathematics  
☒ Missouri teacher certificated/licensed teachers  
☒ Experience teaching students with specific disabilities  
☐ Experience teaching LEP students  
☐ Ability to speak languages other than English. Please list: \_\_\_\_\_  
☒ Other: Masters degree in Curriculum and Instruction

**Tutoring subjects available:**

☒ Reading    ☒ Writing    ☐ Math

**Grade Levels Served:**

☒ K-2    ☒ 3-5    ☒ 6-8    ☒ 9-12

**Title or description of tutoring curriculum utilized:****Time of Service:**

☐ Before School  
☒ After School  
☒ Weekends  
☐ Summer  
☐ Other: \_\_\_\_\_

**Mode of Instructional Delivery:**

☒ Individual Tutoring  
☒ Small Group Instruction (2 to 8 students)  
☒ Large Group Instruction (9-25 students)  
☐ On-Line/Web-based  
☐ Other: \_\_\_\_\_

**Specifics of reporting to parents & school (check all that apply):****Method:**

☒ letters  
☒ phone calls  
☒ conference with parents  
☒ conference with parents & school  
☐ other: \_\_\_\_\_

**Frequency:**

☐ weekly  
☐ bi-monthly  
☒ monthly  
☒ other: as necessary/as determined by staff,  
parents and/or school district.